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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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June 23, 2025

SHAWNA GREGORY

10614 CAPE HATTCRUS DR TAMPA, FL 33615

SUBJECT: LULUS COLLECTION LLC

Ref. Number: L23000202223

We have received your document for and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell
Regulatory Specialist II
Amendment Section

Letter Number: 825A00013634

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: LULU'G (Q) | CLimited Liability Company | |
| | | |
| The enclosed Articles of Amendment and fee(s) are | e submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| _ ma | Name of Person M'S COULTU Firm/Company |) |
| JULIU Tamp | CAPL HATEVO Address Gity/State and Zip Code | 15 <u>1</u> 15 |
| Shawk E-mail addre | ess: (to besized for future annual report notific | 12-@yahw.Co |
| For further information concerning this matter, plea | ase call: | |
| Mame of Person | at (ALG) 540 Area Code Daytime 7 | · t5\47 Celephone Number |
| Enclosed is a check for the following amount: | | |
| S25.00 Filing Fee S30.00 Filing Fee & Certificate of Statu | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | <u>Street Address:</u> Registration Secti | On |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LULU' | > Collection | |
|---|--|--|
| (<u>Name of the Limited</u> (A | Liability Company as it now appears on o Florida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liab Florida document number L25000 f | 30502 | M. 2023 and assigned To |
| | - | |
| A. If amending name, enter the new name of the Control of the New Name of the Name of the New Name of the | tate & Design | Uroup UC tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | de: | |
| (Principal office address MUST BE A STREET) | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address l | | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida str | eet address |
| | | , Florida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ective date, if other than the date of filing: | (optional) be prior to date of filing or more than 90 days after filing.) Pur | |
| e: If the date inserted in this block does not meet the | applicable statutory filing requirements, this date will | |
| ument's effective date on the Department of State's | ecords. | |
| and market address of the state | arius time at 12:01 and on the parties of the The 00 |)th day ation th |
| s filed. | ctive time, at 12:01 a.m. on the earlier of: (b) The 90 | un day arter in |
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| ed | 0785 | |
| | | |
| Signature of a member | or authorized representative of a member | |
| | | |

COVER LETTER

| то: ' | Registration Section Division of Corporations | |
|---------------|--|--|
| SUBJE | T: LULUS WIKCHION IVC Name of Limited Liability Company | |
| The enc | osed Articles of Amendment and fee(s) are submitted for filing. | |
| Please r | turn all correspondence concerning this matter to the following: | |
| | Shawna Gregory Name of Person Lulus Wikchon Firm/Company | |
| | DUIH CAPE HATCHUS DV | |
| | City/State and Zip Code Shawaayreany 1010-8 Yahoo. Con E-mail address: (to be used for future annual report notification) | |
| For furt | er information concerning this matter, please call: | |
| S | Name of Person at QUA 540 51A1 Area Code Daytime Telephone Number | |
| Enclose | is a check for the following amount: | |
| ★ \$25 | Of Filing Fee \$\sigma\$ \$\sigma\$ \$30.00 Filing Fee \$\sigma\$ \$\sigma | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Collection UC | |
|--|--|---|
| (<u>Name of the Limited</u> (7 | Liability Company as it now appears on o V Florida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Lial Florida document number L2300020 | bility Company were filed on <u>U</u> | 24 1023 and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of to the new name of the new name must be distinguishable and contain the work. | State | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ole; | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B) | <u> </u> | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida str | ret address |
| | | , Florida Zip Code |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| effective date is lister. If the date ins | ther than the date sted, the date must be spe serted in this block do e date on the Departn | ecific and canno ses not meet th | it be prior to date o ne applicable sta | of filing or more that | (optional i 90 days after filin irements, this dat | g.) Pursuant to 605.020 |
| cord specifies a d | delayed effective date. | but not an ef | fective time, at | 12:01 a.m. on the | earlier of: (b) T | he 90th day after the |
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